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CONFIRMATION NO. 7484

Bib Data Sheet

SERIAL NUMBER 09/750,793	FILING DATE 01/02/2001 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. N00234US
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APPLICANTS

Yoshiaki Ichikawa, Tokyo, JAPAN;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******JAPAN 001114/2000 01/06/2000 *JI***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/15/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

Whitham Curtis & Christofferson P C
 11491 Street Hills Road
 Suite 340
 Reston , VA 20190

TITLE

Fault monitoring method for commodity management radio communicating apparatus, storage medium for storing fault monitoring program for commodity management radio apparatus and fault monitoring program

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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SERIAL NUMBER 09/750,793	FILING DATE 01/02/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. N00234US
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APPLICANTS

Yoshiaki Ichikawa, Tokyo, JAPAN;

**** CONTINUING DATA** *****No *JF***** FOREIGN APPLICATIONS** *****JAPAN 001114/2000 01/06/2000 *Yes JF***IF REQUIRED, FOREIGN FILING LICENSE****GRANTED** ** 02/15/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Initials</i>				
Verified and Acknowledged <i>Examiner's Signature</i> <i>JF</i> Initials				

ADDRESS

McGuire Woods
 1750 Tysons Boulevard, Suite 1800
 Tysons Corner
 McLean , VA 22102-4215

TITLE

Fault monitoring method for commodity management radio communicating apparatus, storage medium for storing fault monitoring program for commodity management radio apparatus and fault monitoring program

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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		<input type="checkbox"/> Credit